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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

~~Local~~ Co. Registrar's No.* 92

Place of Birth (Registration District) GLOBE, ARIZ. County GILA No. St.

SEX OF CHILD* MALE | Twin Triplet or other? | and | Number* in order of birth

DATE OF BIRTH* FEB. (Month) 7 (Day) 1923 (Year)

FULL* NAME FATHER CARLOS RIVERA

FULL* MAIDEN NAME MOTHER ANTONIA de LA TORRE

I HEREBY CERTIFY that the child described herein has been named

RICARDO (Given name in full) RIVERA (Surname)

(Father's or Mother's Signature)

T. C. Harper (Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar. Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

991-207-115